HANSEN'S DISEASE SURVEILLANCE FORM

NATIONAL HANSEN'S DISEASE PROGRAMS
1770 PHYSICIANS PARK DRIVE
BATON ROUGE, LA 70816
1-800-642-2477

Local Health Department: please submit a completed copy to the State via your CD reporting clerk; State will forward a copy to CDC.

1 STATE ☐☐

2 DATE OF REPORT Mo. ☐☐ Day ☐☐ Yr. ☐☐

3 SOCIAL SECURITY NUMBER _____/_____/_____

4 Patient Name: *(Last)* *(First)* *(Middle)*

5 Present Address: Street _____ City _____

County _____ State _____/Zip _____

6 Place of Birth:
State _____ County _____
Country _____

7 Date of Birth: Mo. ☐☐ Day ☐☐ Yr. ☐☐

Sex: ☐ Male ☐ Female

8 Race/Ethnicity: ☐ White, Not Hispanic ☐ White, Hispanic ☐ American Indian, Alaska Native ☐ Black, Not Hispanic ☐ Black, Hispanic ☐ Asian, Pacific Islander ☐ Not Specified

9 Date Entered U.S. Mo. ☐☐ Yr. ☐☐

10 Date of Onset of Symptoms: Mo. ☐☐ Yr. ☐☐

11 Date Diagnosed: Mo. ☐☐ Yr. ☐☐

12 Type of Leprosy:
1 ☐ Paucibacillary (Tuberculoid, Borderline Tuberculoid, Indeterminate)
2 ☐ Multibacillary (Mid-Borderline, Borderlinne lepromatous, Lepromatous Leprosy)
3 ☐ Undetermined
4 Ridley-Jopling Classification, if known

13 Diagnosis of Disease:
Was Biopsy Performed? ☐ Yes ☐ No
Date _____/_____/_____
Result _____
Skin Smear ☐ Yes ☐ No
Date _____/_____/_____
BI: Positive _____ Negative _____

14 Current Treatment for Leprosy:

Dapsone	☐ Yes ☐ No ☐ Unknown		Clofazimine	☐ Yes ☐ No ☐ Unknown	
Rifampin	☐ Yes ☐ No ☐ Unknown		Other HD Drugs	☐ Yes ☐ No	

List: _____

15 Disability:

	Hands Yes / No	Feet Yes / No	Eye
Sensory Loss	☐ ☐	☐ ☐	Lagophthalmos? Yes ☐ No ☐
Deformity	☐ ☐	☐ ☐	

16 Index Case, If Known: _____

Has Patient Ever Touched Armadillos? Yes ☐ No ☐ Unknown ☐

17 Current Household Contacts Name/Relationship

1 _____
2 _____
3 _____
4 _____
5 _____

Residence in U.S.A., Or Other Countries, Starting From Present *(Including Military Service)*:

TOWN	COUNTY	STATE	COUNTRY	INCLUSIVE DATES From Mo./Yr.	INCLUSIVE DATES To Mo./Yr.

18 Name and Address of Physician: _____

Investigator: